

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – COMMUNITY AND SENIOR SERVICES

SUBJECT: 2002-2003 GRAND JURY RECOMMENDATIONS FOR SENIOR CITIZENS SERVICES

PREFACE:

Community and Senior Services (CSS) houses the Los Angeles County Area Agency on Aging (AAA) and the State-mandated Adult Protective Services program (APS). The AAA serves residents of 87 of the 88 cities (excluding Los Angeles) and the unincorporated areas of the County who are age 60 years and older pursuant to the Older Americans Act and the Older Californians Act. Utilizing performance-based contracting, CSS/AAA contracts with approximately 40 community-based agencies and cities to provide a variety of services that improve the health of older adults and assist them in maintaining their independence. APS serves all county residents who are dependent adults, or over the age of 65, who are at risk of abuse in all of its forms.

The Los Angeles County Civil Grand Jury management audit of CSS programs and services for older adults focused primarily on Older Americans Act-funded services provided during fiscal year 2001-2002. The Grand Jury found dedicated community-based organizations (CBOs), staff, and a desire for continual improvements in meeting the needs of seniors. Many Grand Jury recommendations are consistent with CSS improvements already in progress and congruent with the Department's Strategic Plan. Highlights of our Strategic Plan include a redesigned web-based management information system to improve fiscal accountability and performance measurement, organizational changes pursuant to the departmental and Countywide strategic initiative Performance Counts!, and preparation for the rising demand in services due to the aging of the Baby Boom generation.

In order to maximize consumer independence and the dignity of the County's frail elderly and adults with disabilities through the delivery of supportive and other services, on January 21, 2003 the Los Angeles County Board of Supervisors adopted the County of Los Angeles Strategic Plan for Aged and Disabled Adults, 2003-2006 (the Plan). The Plan will stimulate coordination of long-term care services including health care, mental health, home- and community-based assistance, housing, transportation, and support for family and kinship caregivers to assist individuals to remain in their own homes, or the least restrictive option, for as long as possible and to avoid premature and unnecessary institutionalization. The Plan's implementation began immediately and accomplishment of its multiple objectives continues, as recommended in the Grand Jury report.

The following is the CSS response to each recommendation:

RECOMMENDATION NO.1: The Community and Senior Services Department should move from planning to implementation of its *Long-Term Care Strategic Plan*. An outside agency should monitor this transition and progress.

RESPONSE:

On January 21, 2003 the Board of Supervisors adopted the *County of Los Angeles Strategic Plan for Aged and Disabled Adults, 2003-2006* (the Plan). Implementation of the Plan began on January 22, 2003. The Plan includes multiple objectives to be accomplished over a three-year period. Community and Senior Services (CSS), in conjunction with other Human Services Departments, created the Long-Term Care Coordinating Council (LTCCC) to achieve the Plan's objectives. The operational structure of the LTCCC was established and seven committees will serve as work groups to study and implement the seven major goals of the Plan. The LTCCC and the work groups will meet monthly. A chair and a co-chair have been elected to provide the leadership of the LTCCC. The LTCCC and CSS have appointed the Los Angeles County Commission on Aging, with input from the Commission on Disabilities, to act as the outside entity to monitor progress toward Plan achievement.

RECOMMENDATION NO.2: The County should ensure its strategies address the full extent of County seniors' needs.

RESPONSE:

The Long-Term Care Strategic Plan addresses the six priority needs identified in the strategic planning process: health care, mental health, housing, transportation, home- and community-based services, and the needs of caregivers. The LTCCC will obtain necessary needs assessment data from United Way, Census 2000, and other sources to incorporate strategies to meet, to the extent possible, identified needs. The target populations of the Older Americans Act programs are frail older adults and adults with disabilities, and the emphasis is on low-income minority individuals, persons at greatest economic and social risk, and persons with Alzheimer's disease and their caregivers.

RECOMMENDATION NO.3: Community and Senior Services/Area Agency on Aging must take the lead to ensure effective coordination of services to deliver senior services via CSS strategic collaborative departmental approach.

RESPONSE:

The Plan designates CSS as the County department to oversee the coordination of the LTCCC's planning for older adults and adults with disabilities by working with existing county departments and community stakeholders. In addition, on July 15, 2003 the Board of Supervisors urged the continued collaboration among County departments in addressing the expected needs of the County's older adult and disabled population in

the years ahead. The key departments of Public Social Services, Health Services, Mental Health, Children and Family Services, and the Office of Affirmative Action Compliance are represented by high-level managers on the LTCCC and have committed to vigorous participation in the implementation of the Plan.

RECOMMENDATION NO.4: Given its recently adopted *Long-Term Care Strategic Plan*, CSS/AAA is in a period of transition and CSS should develop a funding strategy.

RESPONSE:

Additional program funding is needed to meet the needs of older and disabled adults in the areas of health, mental health, housing, transportation, in-home services, and support for caregivers. In response to this challenge, on July 15, 2003, your Board instructed appropriate County departments to identify and maximize blended funding opportunities that support community-based, long-term care. A report is due to the Board within 120 days.

CSS has undertaken an aggressive plan to shift the focus of the Aging and Adult Services branch, and specifically the Area Agency on Aging, from a fiscal conduit of federal and State monies to become more directly involved with senior issues and service delivery, emphasizing the Department's strategic goal of a client-centered approach to the delivery of services.

RECOMMENDATION NO.5: CSS should restructure itself to support the SPA framework.

RESPONSE:

CSS agrees with the recommendation and, as of February 2003, has restructured itself to support the SPA framework as evidenced in the AAA's procurement process. Countywide funding for senior programs is allocated according to demographic data by SPA. Criteria used to make funding recommendations for contract awards for fiscal year 2003-04 included the equitable distribution of funds by SPA. CSS will continue to allocate funds and plan services for seniors according to SPA. Additionally, the Area Agency on Aging's management information system will begin tracking services and clients served by SPA beginning July 2004.

RECOMMENDATION NO.6: The Board of Supervisors should lobby for an overhaul of the funding categories developed at the State and federal levels.

RESPONSE:

CSS has successfully negotiated with the State for flexibility in categorical funding since the implementation of the Integrated Care Management Demonstration Project in 1998. CSS concurs with this recommendation and, in conjunction with the CAO, will support the Board of Supervisors' lobbying efforts for more flexibility at the local level. This will improve the cost-efficiency of programs and the delivery of services that ultimately improve the coordination of services in the community.

RECOMMENDATION NO.7: CSS/AAA should continue to build on the Integrated Care Management experience to implement innovations in other program areas.

RESPONSE:

CSS agrees with this recommendation and has implemented the Home-Based Care Program, which is another innovative program that integrates multiple sources of categorical funding. Effective July 1, 2003 the Home-Based Care Program integrates three sources of federal and State funds for five distinct programs into one service delivery model that allows flexibility for the contract service provider to deliver more appropriate services that better meet the needs of clients. CSS will continue to explore additional opportunities to integrate programs and funding to improve service delivery to seniors in the community. This recommendation also relates to the lobbying efforts that need to be taken in response to Recommendation No. 6.

RECOMMENDATION NO.8: Formal communication channels should be developed and implemented for CSS internal mid-management.

RESPONSE:

CSS agrees with this recommendation and efforts are currently in motion to improve CSS internal mid-management communication. The Integrated Care Management program is an example of CSS efforts to bring together AAA and APS management and front-line staff to improve the coordination of services provided by both programs. There are specific objectives (D1.6A, D1.6B, D4.1) in the CSS departmental strategic plan, updated June 2003, to address the improvements in communication between program and administrative managers within CSS. Additionally, the new Quality Assurance and Fiscal Accountability section within CSS has established contracting standards across programs within the Department in compliance with Auditor Controller monitoring practices.

RECOMMENDATION NO.9: CSS/AAA should develop more sophisticated systems and staff capabilities to manage and monitor program funding.

RESPONSE:

CSS uses performance-based contracting as a powerful tool in preventing cost overruns. In July 2004 the AAA's management information system will provide AAA management and contract monitors with improved data on contractor performance and expenditure levels. This system will provide the sophistication of user-friendly management reports that will facilitate monthly monitoring of contractor performance. All CSS contract monitoring staff have received the County's Contract Training and CSS is developing an internal training series for on-going staff development of contract monitors.

RECOMMENDATION NO.10: CSS/AAA and CSS/APS should continue to develop a more qualitative and quantitative approach to tracking, managing, and measuring program and population-based outcomes.

RESPONSE:

CSS agrees with this recommendation and is approaching this with a multi-year strategy to achieve measurable outcomes for each program. This will be accomplished using the AAA management information system and building in performance measures in accordance with the Performance Counts! standards set by the Department, as well as outcome measures developed and approved by the Administration on Aging and the California Department of Aging.

RECOMMENDATION NO.11: CSS/AAA should enhance management oversight for ICM to ensure cohesive implementation, monitoring, and program coordination.

RESPONSE:

CSS agrees with this recommendation and will request approval for the appropriate level to provide oversight for the Integrated Care Management program. This position will provide the AAA with the appropriate quality assurance oversight required by federal and State regulations. In addition, the ICM program is one of the programs selected for the program monitoring pilot program with the Auditor Controller for fiscal year 2003-04. At the completion of this pilot, the AAA will have an assessment instrument that has been field-tested and approved by the Auditor Controller. CSS also agrees with the findings within this recommendation to streamline the accounting of multiple sources of funds that are used by this program and supports Recommendation No. 6 to lobby for more flexibility in administering federal and State funds.

RECOMMENDATION NO.12: CSS/AAA should monitor its meal-related budgets more closely to ensure that it is taking advantage of all available monies.

RESPONSE:

Choice is available and is utilized within the context of health and food safety regulations such as the USDA Nutritional Requirements (chart attached), the California Uniform Retail Food Facilities Law, California Code of Regulations Title 22, Hazard Analysis Critical Control Point Principles and County environmental health standards for food safety.

The purpose of these requirements is to protect the health and safety of consumers and to protect the County from liability. For this reason, meals may not be taken home.

However, in spite of the health and safety regulations, CSS has several mechanisms built into the meal service program operation that provide an opportunity for consumers (seniors age 60 and over) who participate in our program at 108 nutrition meal sites, to have input on the menu and meal service. They are as follows:

- a. Each Congregate meal program has a project advisory council (many with food committees) comprised of consumers. A major part of their role and responsibility is to provide input on the Congregate meal program, which includes menu selection and approval and, at times, recommendations on the selection of the caterer.
- b. An annual survey is administered at each meal site for consumers to indicate their food preferences. Unpopular food items are removed from the menus the following year as a result of the survey results.
- c. All Congregate meal programs offer choices in entrees at least two to four times a month.
- d. CSS currently provides culturally diverse, authentic, ethnic meals such as Chinese-, Cambodian- and Latino-style meals. Other types of cultural meals may be introduced in the future as the need arises and resources become available.

Additionally, as of August 1, 2003 our contractor manuals are on the web to ensure compliance by our contractors.

RECOMMENDATION NO.13: Working with the CBOs for meals, CSS/AAA should develop a new model for food services that permits greater flexibility to meet the needs of the seniors in the diverse communities of Los Angeles County.

RESPONSE:

CSS disagrees with the recommendation of the Grand Jury. The Senior Nutrition program is in compliance with the requirements of the Older Americans Act and the suggested new model is not permitted under the Older Americans Act. Choice is available and is utilized within the context of health and food safety regulations such as

the USDA Nutritional requirements, the California Uniform Retail Food Facilities Law, California Code of Regulations Title 22, Hazard Analysis Critical Control Point Principles, and County environmental health standards for food safety. The purpose of these requirements is to protect the health and safety of consumers and to protect the County from liability. However, CSS has several mechanisms built into the Senior Nutrition Program to give consumers opportunities to have input into menus and meal service including food service advisory councils at each meal site, annual surveys of food preferences, and entrée options. CSS currently provides culturally diverse, authentic, ethnic, meals such as Chinese-, Cambodian- and Latino-style meals. Other types of cultural meals may be introduced in the future as the need arises and resources become available.

The social safety net provided by the Congregate and Home-delivered Meal programs is extremely important and is largely due to the professionalism of meal program staff who monitor the welfare of frail, elderly participants. Models such as restaurant vouchers and “prepackaged foods to go” would eliminate the safety net and fragment the opportunity for socialization.

RECOMMENDATION NO.14: CSS/AAA should work with its CBOs to ensure there is adequate oversight of the meal programs by nutritionists but minimize the current amount of duplicated efforts – by the CBOs and by CSS/AAA.

RESPONSE:

CSS disagrees with the assertion that there is duplication of effort by the AAA Nutritionist and the CBO on-staff nutritionists. Federal and State laws governing the nutrition program require nutritional oversight by a Registered Dietician. CSS / AAA employs a full-time Registered Dietician to serve in this capacity for all 24 nutrition contract service providers. This provides a cost savings to each contract service provider relieving them of the expense to employ their own Registered Dietician and maximizes the use of program dollars for the direct provision of services (meals). CSS / AAA requires that each nutrition contract service provider employ a Food Service Manager who is responsible for the daily operations of the program. This position does not require a Registered Dietician, but it does require experience with food preparation and local health and food safety certification. The nutrition programs of the AAA must abide with local health and food safety standards that require multiple levels of quality control.

RECOMMEDATION NO.15: Although CSS/AAA meets or exceeds Federal Government targets, it should advocate for a redesign of the Senior Employment Program to benefit more seniors more cost-effectively.

RESPONSE:

CSS contracts with a myriad of cities and not-for-profit organizations to provide direct services to consumers. Our service and planning area covers the entire County with the exclusion of the City of Los Angeles. Further, we must ensure that we respond to the various culturally diverse populations in Los Angeles County. For this reason, the bulk of the marketing activities is decentralized for the local providers to implement. CSS/AAA has preferred not to build false expectations by conducting aggressive marketing campaigns that would stimulate a level of demand for service that cannot be met.

The emphasis of our programs is on outreach conducted by each provider to identify consumers who are eligible and in need of the services.

RECOMMENDATION NO.16: CSS should improve its record-keeping and monitoring of Senior Employment Program enrollees.

RESPONSE:

CSS disagrees with the findings for this recommendation. CSS has an excellent ACCESS database that records and tracks the progress of each SCSEP participant. Timesheets are submitted in pen by each SCSEP participant and there is a CSS employee who serves as the payroll coordinator for the program. In accordance with the new federal regulations for the SCSEP, CSS has revised its Duration of Enrollment Policy to no longer restrict the time that participants may remain in the SCSEP. CSS acknowledges that 270 “slots” for Los Angeles County do not meet the demand for seniors who could benefit from this program; however, this allotment of slots is determined by Federal and State laws and funding formulas. In terms of the use of sick time, seniors have more medical and transportation problems than their younger cohorts. It is anticipated that participants in the SCSEP will use their sick leave at a higher rate than the average workforce participant and that is precisely the reason why the SCSEP provides sick time as a benefit to program participants.

RECOMMENDATION NO.17: CSS should continue to strengthen the linkages between APS and AAA.

RESPONSE:

We agree that the two programs should work as closely together as structurally possible. CSS has taken steps to facilitate this that were not acknowledged in the Grand Jury Report. Each APS office, for example, has designated specialized Social Workers/liaisons to handle the APS cases on which referrals have been made to the Integrated Care Management agencies within the ICM program. In addition, each APS office has identified all of the AAA senior and service centers located within the areas served by each APS office for purposes of service coordination and collaboration. There have also been several instances of cross-training between the two programs

that were not acknowledged. In summary, CSS will continue to look for ways to strengthen the linkages between the programs, while at the same time maintaining that there are no genuine deficiencies in this area.

RECOMMENDATION NO.18: CSS/APS should evaluate the cost-effectiveness of County inter-agency programs with an aim to improving their efficiency.

RESPONSE:

CSS agrees with this recommendation. We will continue to engage our strategic partners to continue to evaluate the efficiencies and cost-effectiveness of our programs as we proceed to strengthen inter-agency alliances.

RECOMMENDATION NO.19: The Fiduciary Abuse Specialist Team (FAST) makes good use of volunteers, including attorneys, but more formal documentation of target service levels and expected outcomes should be defined.

RESPONSE:

CSS agrees in part with this recommendation—to the extent that it would be advantageous to improve the tracking of clients served by FAST to more completely document the achievements and successes of the team. To some extent, this is already done, since a part of each meeting is devoted to reviewing the results of the implementation of the recommendations made by the FAST members in previous meetings to the case-carrying workers. An additional component whereby those results would be centrally stored for purposes of documentation would be beneficial. CSS will work with WISE Senior Services to more closely track the successes of FAST, in line with the County's goal of measuring success of each of our programs.

RECOMMENDATION NO.20: CSS should more closely monitor the outcomes of the Ombudsman and Elder Abuse Programs.

RESPONSE:

CSS agrees with this recommendation. CSS/AAA will more closely monitor the outcomes of the Ombudsman and Elder Abuse programs to ensure compliance with the State-mandated performance measures. In conjunction with the State, CSS will develop local criteria to monitor the Programs.

RECOMMENDATION NO.21: CSS/AAA should clearly link Supportive Services' budgeted dollars with service levels.

RESPONSE:

Tracking utilization of services, rigid national reporting categories, and linking budgeted funds to service levels have hampered the efforts of CSS/AAA to providing contracting providers with sufficient flexibility to match spending with clients' needs. Implementation of the redesigned AAA Management Information System (scheduled to begin July, 2004) and implementation of the AAA's new model for delivery of in-home services, Home-Based Care Program, will dramatically improve our potential in this area. The Home-Based Care Program uses the multi-source funding strategy of the Integrated Care Management Program and provides flexibility in tailoring services for the needs of individual clients. Demand for such services (personal care, homemaking, day care and companionship) far exceeds the available resources, however, and CSS/AAA continually strives to identify additional resources to augment funding.

RECOMMENDATION NO.22: CSS should assess potential need and locations for ADCRCs.

RESPONSE:

CSS has completed a review of the need and location of Alzheimer's Day Care Resource Centers in conjunction with the recent RFP procurement process for all AAA services for the four-year funding cycle fiscal years 2004-07. AAA has increased the number of ADCRCs from seven to eight and on June 10, 2003 your Board approved funding recommendations for seven of the eight centers. A center shall be located in each of the eight SPAs. CSS/AAA will identify the eighth center prior to October 1, 2003 and will return to the Board for approval to contract with a center in Antelope Valley SPA1.

RECOMMENDATION NO.23: CSS/AAA should design an evaluation tool to assess outcomes of the Family Caregiver Program over time, ensuring reliable data and better tracking.

RESPONSE:

CSS agrees with this recommendation. The National Family Caregiver Support Program was enacted in 2000 as part of the Re-Authorization of the Older Americans Act. As part of implementing the program, CSS/AAA designed and field-tested a caregiver assessment tool to determine baseline outcomes measures for caregiver support services. These outcomes measures will be incorporated into the County's Performance Counts! pilot and the data will be collected using the AAA's new MIS beginning in July 2004.

RECOMMENDATION NO.24: The HICAP requires better information to track service levels, number of clients, and per-unit costs to set proper goals and budgets.

RESPONSE:

The HICAP program will be included in the effort to improve data collection and tracking costs per client through the implementation of the AAA's automation project that will start collecting client-based data July 1, 2004. This will enable the AAA to collect the necessary data on clients served by HICAP and accurately report the cost per client for all services provided under HICAP.

CONCLUSION:

CSS embraces the challenges presented by the recommendations of the Grand Jury. Several recommendations provide additional momentum and support to the CSS initiative to create a truly integrated system of community-based, long-term care services for the disabled and aging populations. Other recommendations validate internal efforts for continuous quality improvement.